

## APPLICATION FOR PUBLIC ASSEMBLY

### 1. EVENT INFORMATION

**Event Name:** Shaka Beach Bash Presented by Pleasure Island Volleyball & Shaka Beach VE

**Contact Information** (Applicant will serve as the sole contact for all correspondence from the City.)

#### Applicant

Name: **Shawn Weaver**

Address: **PO Box 226**

Phone #: **251.609.3191**

Cell #: **251.609.3191**

Email : **sweaver@pivc.org**

Web Address: **www.islandsandvolleyball.org**

#### Event Organizer

Name: **Pleasure Island**

Address: **PO Box 226**

Phone #: **251.609.3191**

Cell #: **251.609.3191**

Email : **sweaver@pivc.org**

#### Purpose

☒ Athletic/Recreation

☐ Outdoor Market

☐ Parade

☐ Concert/Performance

☐ Fitness

☐ Festival/Fair

☐ Social

☐ Demonstration/Rally

☐ Other

#### Event Description

Adult Beach tournament

#### Location\*

Address: **Gulf Shores Public Beach West near Life Guard Office**

**\*An official letter from owner of property permitting activity MUST accompany application, if not owned by applicant**

## Attendance

Anticipated Attendance Total 120

Per Day

## Dates/Times\*

Setup Date/Time 3/23/2022

Dismantle Date/Time 3/27/2022

Event Start Date 3/25/2022

Event End Date 3/27/2022

\*\*Event Hours 8am-6pm for all three days

\*If requesting multiple days please detail each day and time of operation in the Site Plan.

\*\*Please indicate the intended daily event start and end time(s).

Is this an annual event? ☐ Yes ☐ No How many years have you been holding this event?

## Event Features (check all that apply and include supporting documentation)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Beverage/Food Vendors | <input type="checkbox"/> Entertainment                     | <input type="checkbox"/> Animals                                |
| <input checked="" type="checkbox"/> Merchandise Vendors   | <input checked="" type="checkbox"/> Tents/Canopies         | <input checked="" type="checkbox"/> Electrical /Generator Usage |
| <input type="checkbox"/> Stages/Platforms                 | <input type="checkbox"/> Restrooms                         | <input type="checkbox"/> Fencing/Barricades                     |
| <input type="checkbox"/> Pyrotechnics                     | <input checked="" type="checkbox"/> Use of Public Property | <input type="checkbox"/> Outdoor Cooking                        |
| <input type="checkbox"/> Shuttle Service                  | <input type="checkbox"/> Vehicles on Display               | <input type="checkbox"/> Inflatables/Bounce Houses              |

## 2. INSURANCE CERTIFICATE AND ENDORSEMENTS

In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If automobiles or inflatables will be utilized, the applicant shall obtain a minimum of \$1,000,000 combined single limit coverage per accident, including owned, hired and non-owned automobiles or inflatables. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Gulf Shores (City of Gulf Shores, Alabama, Attn: Purchasing Officer, P.O. Box 299, Gulf Shores, AL 36547) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Proof of insurance, acceptable to the City, shall be furnished no later than five (5) days preceding the date of the assembly. Failure to provide proof of insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Gulf Shores at least thirty (30) days' prior written notice of cancellation and termination of the applicant's coverage there under.

### 3. ACKNOWLEDGEMENT AND SIGNATURE

I, the applicant, understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the City of Gulf Shores. I further agree to defend, indemnify and hold the City of Gulf Shores harmless from and against all third party claims, demands, liabilities, losses, damages, suits, judgments, costs, expenses (collectively, "Third Party Claims") and reasonable attorney's fees in any manner arising out of or resulting from bodily injury, sickness, disease or death of any person or persons, or damage to or destruction of tangible property, including the loss of use resulting therefrom, or caused by or occurring during the course of performance of any services provided and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before the permit is issued is the sole responsibility of the applicant.

**Shawn Weaver**

Print Name of Applicant

  
Signature

**1/16/2022**

Date

### PERMIT AUTHORIZATION - FOR OFFICIAL USE ONLY

Fire Chief	Date	Fire Department Estimated Cost	\$
		Police Department Estimated Cost	\$
Fire Marshal	Date	Public Works Estimated Cost	\$
		Planning & Zoning Estimated Cost	\$
Chief of Police	Date	Building Department Estimated Cost	\$
		Finance Department Estimated Cost	\$
Public Works Director	Date	City Facility Rentals/Fees	\$
Planning & Zoning Director	Date	Total	\$
Building Official	Date	Recreation & Cultural Affairs Director	Date
Finance & Admin Director	Date	City Administrator	Date

## Emily Tidwell

---

**From:** Emily Tidwell  
**Sent:** Wednesday, January 19, 2022 10:37 AM  
**To:** Edward J. Delmore; Mark Sealy; Lee W. Jones; Brandon Franklin; Grant Brown; Mark Acreman; Noel Hand  
**Cc:** Andy Bauer; Matt Young; Wanda Parris; Mindy Singleton; Shelby DeBlieux; Layla Andrews; Alicia Talley; Jason Woodruff; Josh Coleman; Melvin Shepard; George Surry; Bill Cowan; Brian Dugall; Brigitte Reynolds; Lindsey Hart; Lauren Traywick  
**Subject:** Assembly Permit- Island Sand Volleyball  
**Attachments:** SKM\_C250i22011910210.pdf

Tracking:	Recipient	Delivery	Read	Response
	Edward J. Delmore	Delivered: 1/19/2022 10:37 AM	Read: 1/19/2022 3:09 PM	Approve: 1/19/2022 3:09 PM
	Mark Sealy	Delivered: 1/19/2022 10:37 AM	Read: 1/19/2022 1:09 PM	Approve: 1/19/2022 1:10 PM
	Lee W. Jones	Delivered: 1/19/2022 10:37 AM		Approve: 1/19/2022 11:02 AM
	Brandon Franklin	Delivered: 1/19/2022 10:37 AM		Approve: 1/20/2022 1:56 PM
	Grant Brown	Delivered: 1/19/2022 10:37 AM	Read: 1/25/2022 9:12 AM	Approve: 2/1/2022 2:12 PM
	Mark Acreman	Delivered: 1/19/2022 10:37 AM	Read: 1/19/2022 11:53 AM	Approve: 1/19/2022 11:53 AM
	Noel Hand	Delivered: 1/19/2022 10:37 AM	Read: 1/19/2022 12:42 PM	Approve: 1/26/2022 8:26 AM

CITY ADMINISTRATOR

 2/2/22



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		<b>CONTACT NAME:</b> Will Maddux <b>PHONE (A/C, No, Ext):</b> (530) 477-6521 <b>E-MAIL ADDRESS:</b> info@theeventhelper.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Pleasure Island Volleyball Shawn Weaver 6917 Marble Court Gulf Shores AL 36542		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35378	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	3DS5472-M2778393	03/25/2022 12:01 AM	03/28/2022 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Deductible \$ 1,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.

Attendance: 120, Event Type: Volleyball Tournament - Amateur only.

**CERTIFICATE HOLDER****CANCELLATION**

Pleasure Island Storm Shaka Beach Bash Gulf Shores Public Beach 101 E Beach Blvd Gulf Shores AL 36542	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2015 ACORD CORPORATION. All rights reserved.



## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Pleasure Island Storm  
Shaka Beach Bash  
Gulf Shores Public Beach  
101 E Beach Blvd  
Gulf Shores, AL 36542

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

